

(1) PLACE OF BIRTH

County of Union

Township of Union

or  
Inc. Town of .....

or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only  
79603

Registration District No. 4297 Registered No. 88  
(For use of Local Registrar)

(No. Memphis Mills St.: ..... Ward)

(2) Full Name of Child. Emma Johnson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 16, 1916  
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Thom J. Johnson  
(9) PRESENT POSTOFFICE OF FATHER Rt. 2, Box 101 Union SC  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)  
(12) BIRTHPLACE Union SC  
(13) OCCUPATION Colton Mill Work  
(20) Number of children born to mother, including present birth { ..... 2 .....

MOTHER  
(14) NAME BEFORE MARRIAGE Fella Robinson  
(15) PRESENT POSTOFFICE OF MOTHER Rt. 2, Box 101 Union SC  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE Union SC  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth { ..... 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 3 a. m. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) O. P. Jackson, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
MD Union SC

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept. 20, 1916 (28) D. S. Sarratt Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

IN CASE OF TWINS OR TRIPLETS, SEPARATE REPORTS MUST BE MADE FOR EACH CHILD. THE OTHER PARTS OF THIS FORM MAY BE REUSED.

State of Columbia